Appendix A K060153

510 (k) Premarket Notification Summary
(Per 21 CFR 807.92) SEP 29 2006

AcuMed Laser System

I. Applicant
Laser Thera, LLC
Shelly Henry, President
11108 Ashford Drive
Yukon OK 73099

II. Device Name:

Proprietary Name:	AcuMed Laser
Common/Usual Name:	Infrared lamp
Classification Name:	Infrared lamp (21 CFR 890.555)
Product Code	ILY

III. The AcuMed Laser System is substantially equivalent to other infrared lamps currently in commercial distribution such as the Thor IR Lamp System/ Super Nova/ Acubeam systems.

IV. Intended use of the Device
The AcuMed Laser is intended to emit energy in the infrared spectrum to provide topical heating for the purpose of elevating tissue temperature for the temporary relief of minor muscle and joint pain and stiffness, for the temporary relief of minor joint pain associated with arthritis, for the temporary increase in local circulation where applied and the relaxation of muscles.

V. Description of Device
The AcuMed Laser is a portable, hand held, AC operated non-invasive, low level infrared lamp that provides continuous heat therapy at a fixed frequency.

VI. Summary of the technical characteristics of the AcuMed
The AcuMed and the aforementioned predicate devices are an infrared lamp as defined in 21 CFR 890.5500. These devices utilize infrared diodes to generate topical heating for the purpose of elevating tissue temperatures for the temporary relief of minor muscle and joint pain and stiffness, minor arthritis pain, or muscle spasm, the temporary increase in local circulation and the temporary relaxation of muscle. The systems are intended to be placed directly on the skin to provide heating.

VII. Testing
Testing of the AcuMed Laser included functional performance testing and electrical safety testing.

VIII. Conclusions

Pursuant to the testing and comparison to the predicate devices, the AcuMed Laser has the same intended uses, with similar functional and performance characteristics. The AcuMed Laser is designed to comply with the general accepted therapeutic heat performance specifications by producing a level of tissue temperature reported in literature and accepted by the Federal Food and Drug Administration.

The AcuMed Laser performs as intended and do not raise any new safety or efficacy issues.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Laser Thera, LLC
% Ms. Shelly Henry
President
11108 Ashford Drive
Yukon, Oklahoma 73099

SEP 29 2006

Re: K060153
Trade/Device Name: AcuMed Laser
Regulation Number: 21 CFR 890.5500
Regulation Name: Infrared lamp
Regulatory Class: II
Product Code: ILY
Dated: July 6, 2006
Received: July 7, 2006

Dear Ms. Henry:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

for

Mark N. Melkerson
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K060153

Device Name: AcuMed Laser

Indications For Use:

The AcuMed Laser is an infrared lamp that is intended to emit energy in the infrared spectrum to provide topical heating for the purpose of elevating tissue temperature for the temporary relief of minor muscle and joint pain and stiffness, for the temporary relief of minor joint pain associated with arthritis, for the temporary increase in local circulation where applied and the relaxation of muscles.

Prescriptions Use___x____ AND/OR Over-The-Counter Use_____
(Part 21 CFR 801 Subpart D) (21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)

Division of General, Restorative, and Neurological Devices

510(k) Number K060153